



PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 /0 / 5/9 7/ | | | | | | | | | | | 19 7/8 | • |
|--|--|--|---------------------|---|-----------------------|--------------------------|---------------|-------------------|------------------------|-------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) | | | | | (C | olumn 2) | | SMALL ENT | | OR | OTHER SMALL I | |
| U.S. NATIONAL STAGE FEES | | | | | | | 1 | RATE | FEE: | 1 | RATE | FEE |
| BAS | SIC FEE | | | | | | 1 | BASIC FEE | 150 | OR | BASIC FEE | |
| EXAMINATION FEE | | | | | | | 1 | EXAM. FEE | 100 | 1 | EXAM. FEE | |
| SEARCH FEE | | | | | | • | 1 | SEARCH FEE | 200 | 1 | SEARCH FEE | |
| FEE FOR EXTRA SPEC. PGS. | | | minu | ıs 100 = | | / 50 = | 1 | X \$ 125= | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | 8 min | us 20 = . | | | | X \$ 25= | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | 2 mi | inus 3 = . | • | | | X \$ 100 = | _ | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PRI | ESENT | | | | 1 | +\$180= | - | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | TOTAL | 450 | OR | TOTAL | | |
| | 2130/04 | (Column 1) CLAIMS REMAINING | AMENDED | (Column HIGHES NUMBE | 2) T | (Column 3) PRESENT | 1 | SMALL E | ADDI- TIONAL | OR | OTHER SMALL E | ADDI- |
| ENTA | | AFTER AMENDMENT | | PREVIOUS PAID FO | R | EXTRA | | | FEE | | · Mic | TIONAL FEE |
| AMENDMENT | Total | · 8 | Minus | <u>- 80</u> | 2 | - | | X \$ 25 = | | OR | X \$ 50 = | |
| , AM | Independent | · & | Minus | <u>" 3</u> | | - | | X \$ 100= | | OR | X \$ 200 = | |
| | FIRST PRES | ENTATION OF M | IULTIPLE DEPE | NDENT CL | AIM | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Column | | (Column 3) | | | | | | |
| AMENDMENT B | · | CLAIMS REMAINING AFTER AMENDMENT | | HIGHES NUMBER PREVIOUS PAID FO | R SLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | •• | . | | | X \$ 25 = | | OR | X \$ 50 = | |
| AME | Independent | • | Minus | *** | 5 | • | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRES | ENTATION OF M | ULTIPLE DEPE | NDENT CL | AIM | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | | | | | |
| ••• | If the "Highest Nu If the "Highest Nu | mn 1 is less than the mber Previously Pak mber Previously Paid ther Previously Paid | For IN THIS SPA | ACE is less the | an '20', an '3', e | enter "20". nter "3". | ·. I in th | e appropriate box | in column 1. | • | | |